

JANUARY RENEWAL BUSINESS - FAQ's OCTOBER 2019

1. **When will January Renewals be sent to Brokers and Employers?**

We anticipate that all January renewal packets will be sent to brokers and employers within the first week of November.

2. **What is the increase for the January renewal groups?**

All January renewal groups will have a rate hold through 12/31/2020.

3. **Are the rates final?**

Yes, all rates presented in your renewal packet are final.

4. **Do I need to send in all the paperwork I usually send in?**

We have provided our employers with a simplified renewal process that will allow a renew "as is" and or provide minimal paperwork to renew with changes.

5. **Do I need to send in enrollment forms, or can I make changes on the spreadsheet?**

We will need the enrollment spreadsheet returned with all renewals, with or without changes. We need enrollment forms for any new enrollees/dependents. If a current enrolled employee is waiving health coverage at renewal, we will need a waiver. Please note we need waivers for all eligible employees who are not enrolling on the plan. If an employee is adding or removing a dependent, we will need an enrollment form. If an enrolled employee is terminating employment, we will need a termination form for COBRA purposes.

6. **If I don't receive my renewal, who do I contact to receive a copy?**

If you are an employer and do not receive your renewal, you should reach out to your broker. If you do not have a broker or if a broker has not received the renewal packet, you can contact our team by emailing mewarenewals@concordmgt.com or calling 833-MEWANOW (833-639-2669) and a plan representative will assist you. If you are a Broker, you should reach out to your General Agencies, as the renewals for those groups who are assigned to a GA, will be sent to the designated GA and the group administrators. Brokers and General Agents can also reach out to their dedicated Broker Relationship Manager.

7. **Are renewals able to be completed online?**

Yes, you may complete your renewal on the MHPNJ Employer Portal. Please remember to upload all required documents. If you do not have access to the Employer portal, please contact our team to get information. 1-833-MEWANOW (833-639-2669)

8. **When do I have to return the renewal?**

Renewals are due back by 12/2/2019 to allow for the appropriate amount of processing time which will ensure members receive their new medical and Rx ID cards timely.

9. **What can we expect if renewals are not returned by the required 12/2/2019 due date?**

If renewals are not received, approved and processed prior to due date, members may experience disruption as all members will be termed for both medical and prescription coverage effective 12/31/2019.

10. Where do I send in my paperwork?

Employers, General Agents or brokers can send completed paperwork via email to mewarenewals@concordmgt.com. Brokers doing business through a General Agent should submit completed renewals to their General Agent as most General Agents can process the renewals directly online. If you are processing the renewal online, please upload the paperwork to the portal. You do not need to send paperwork to mewarenewals@concordmgt.com

11. If an employer is not making plan changes, do they need to do anything?

Yes, Renewal paperwork must be completed and returned. To help simplify the renewal process, we have included a renew “as is” option. Employers are still required to submit signed rate packets, waiver forms and the enrollment spreadsheet and or enrollment forms. Delayed renewal submissions and missing documents could result in coverage disruption. The renewal paperwork does not require tax documents, however the Plan reserves the right to request additional documents to verify a groups eligibility.

12. How long will it take to have the renewal paperwork processed and approved once received by the Plan?

Please allow 10-14 days for renewal paperwork to be processed and approved. In the event paperwork is received and incomplete or missing information, processing can be delayed.

13. If members are not making any plan changes will they receive new ID cards?

Yes, all members will receive a new medical, prescription and dental (if applicable) ID card at time of renewal, as all members current coverage under QualCare will be terminated as of 12/31/2019. Members who elect Rx 6 (no prescription coverage) will not receive ID cards.

14. When can members expect to receive ID cards?

A member will receive their separate medical and prescription ID cards 7-10 Business days from when your group’s renewal is approved and processed. Members will have access to temporary ID cards on both the Aetna and Express Scripts website 48-72 hours after a group’s paperwork has been processed and approved. Please note benefit and ID card information may be limited until a member’s actual effective date.

15. What are the changes from the plans I currently have compared to the new plans on Aetna?

There have been minimal benefit plan changes with some benefit enhancements. To ensure you understand your benefits under the new Aetna platform, we encourage all brokers, employers and employees to download a copy of January 2020 Summary Plan Document (SPD) which will outline your new benefits. To obtain a copy, please go to the Plans website at www.MembersHealthPlanNJ.com, click “Benefits” at the top of the page and select “Medical Benefits.”

16. Where can I view Members Health Plan NJ Summary Plan Document (SPD), Benefit Summary, Summary of Benefit Coverage (SBC)?

All current Health Plan documents and information can be found on the members Health Plan NJ website www.MembersHealthPlanNJ.com by selecting “Benefits” at the top of the page and clicking on “Medical Benefits.”

17. What Aetna services will Employers/Members have access to under the Aetna Platform?

Members will have access to Aetna's suite of programs and tools offered to the Plan. Some of these tools include but are not limited to the following:

- + Aetna One Advocate (A1A)
- + Member Engagement Platform
- + Teladoc – Telemedicine
- + Informed Health Line
- + Member website
- + Member mobile experience

18. How do I know what Aetna network is associated with my Benefit Plan(s)?

- + AetnaSM Open Access Select Plans F, H, J, K, O, S, T, U, V, W
- + Aetna Choice[®] POS II Open Access Plans A, B, D, G, L, P, R
- + (NJ) Aetna Whole HealthSM- New Jersey- Aetna Select Multi-Tier Plans M, N, X, Y, Z

19. How do I find out if my Provider/Hospital or Facility participates in the New Network?

Visit www.MembersHealthPlanNJ.com website and click on either "Employees", "Employers" or "Brokers" Section then select "Provider Search" Tab which will direct you to the Aetna landing page. You can also contact an Aetna Care Advocate team member at 1-833-982-7368 (TTY: 711) for participating providers.

20. Do members have coverage outside of New Jersey?

The Aetna networks offer coverage outside of New Jersey at no additional cost. It is the members responsibility to verify if a provider is in or out of network.

21. My physician is not participating with Aetna? What can I do?

The Aetna Care Management Team in collaboration with the provider will develop a transition plan, if applicable to provide the best quality of care and continuity of treatments. Members have access to the Plans dedicated Aetna One Advocate (A1A) team members 24/7/365. The A1A team can be reached by calling 833-982-7368 (TTY: 711).

22. What does a member need to do if they have a procedure scheduled during the 1st week of January?

A member will not have to authorize services again. If authorization was already completed with QualCare, the information will be passed onto the Aetna Care Management team for continuity of care. To confirm that an authorization is on file, members can call the Aetna One Advocate (A1A) team to obtain the information. The A1A team can be reached by calling 833-982-7368 (TTY: 711) Members will have access to the A1A team pre-enrollment.

23. What happens if a member is currently in an Appeal stage with QualCare?

All Appeals will be handled in their entirety by the QualCare team until all levels of appeal are completed.

24. What happens if a member is currently inpatient in the Hospital during the transition?

There will be no impact to a member's coverage. A member's inpatient admission will be handled according to your plan benefits. The QualCare team will handle the admission and continued stay until discharge. All information will be handed off to Aetna Care Management team.

25. Will the prescription plan or coverage be affected when employers renew on the Aetna platform?

No. The prescription benefits will remain the same as Express Scripts will continue to be the Pharmacy Vendor. However, members will receive a new prescription ID card at time of transition. Please note, if renewal paperwork is not received by 12/31/2019, the members Rx coverage will be termed until paperwork is approved and processed.

26. Will the dental options change for the Health Plan?

No. The Health Plan will continue to offer dental benefit through Delta Dental and Guardian.

27. Will OCA be the COBRA/HRA/FSA vendor for the Health Plan?

Yes. OCA will continue to be the vendor that will provide HRA/FSA administration for Employer groups. Employers that elect HRA/FSA will pay OCA a setup fee of \$250 and \$250 each year at time of renewal.

28. Is Quest still the exclusive lab for the Health Plan?

No. The Health Plan will no longer have an Exclusive Lab arrangement. Members now can utilize any lab that participates within the Aetna network. Please refer to the Summary Plan Document for all benefit information and changes.

29. Do employers need to renew their membership with one of the sponsoring Associations to access the Health Plan?

Yes. The membership with a sponsoring association (EANJ/MSNJ/BioNJ etc.) is a requirement of the Plans underwriting guidelines. Employers will receive renewal notifications from their sponsoring association at time of their sponsorship renewal.

30. Will members be able to receive deductible credits?

No, as the Plan's deductibles are based on the calendar year and will reset as of 1/1/2020.

31. Who do brokers and employers call if they have questions regarding the renewal paperwork or process?

We have a dedicated team ready to assist you during open enrollment. Please feel free to contact us at 1833-MEWANOW (1-833-639-2669) or mewarenewals@concordmgt.com if you have any questions. Brokers can also call their dedicated Broker Relationship Manager.

32. Who do members call if they have questions about benefits, providers, authorizations or services?

Members have access to the Plans dedicated Aetna One Advocate (A1A) team members 24/7/365. The A1A can assist with any member questions, service or health related items. The team can be reached by calling 833-982-7368 (TTY: 711).